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TAXABLE YEAR

FORM

Your first name and initial		Last name		Your social security number	
If joint return, also give spouse's name and initial		Last name		Spouse's social security number	
Present home address — number and street including PO Box or rural route		Apt. no.	PMB no.	Daytime telephone number	
				()	
City, town or post office, state and ZIP Code					

1	Refund. (Form 540, line 65; Form 540A, line 38; Form 540 2EZ, line 21; or Form 540NR, line 74)	1	
2	Amount you owe (Form 540, line 69; Form 540A, line 39 plus line 40; Form 540 2EZ, line 22; or Form 540NR, line 78)	2	
2a	Amount to be withdrawn by electronic debit	2a	
2b	Date of the electronic debit (MM/DD/YY)	2b	/ /

3 Routing number

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4 Account number

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5 Type of account: ☐ Checking ☐ Savings



Under penalties of perjury, I declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider, including my address and social security number, and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2000 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I filed a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I consent that my return and accompanying schedules and statements be transmitted to the FTB by my ERO, Transmitter, or Intermediate Service Provider. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO and/or the Transmitter the reason(s) for the delay or the date when the refund was sent.**

It is unlawful to forge a spouse's signature.

 _____ Date _____
  _____ Date _____

For Privacy Act Notice, get form FTB 1131

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information to be filed with the FTB and I have followed all other requirements described in FTB Pub. 1345, 2000 e-file Handbook for Authorized e-file Providers of California Individual Income Tax Returns. I will keep form FTB 8453 on file for 4 years from the due date of the return or the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

ERO's signature 	Date	ERO also paid preparer <input type="checkbox"/>	ERO is self-employed <input type="checkbox"/>	ERO's SSN/ITIN	
Firm's name (or yours if self-employed) and address 	FEIN			ZIP Code	

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's SSN/PTIN
Firm's name (or yours if self-employed) and address	FEIN		
	ZIP Code		

California Individual Income Tax Declaration for e-file